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CONFIRMATION NO. 8998

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/659,997 | <b>FILING OR 371(c)<br/>DATE</b><br>09/11/2003<br><b>RULE</b> | <b>CLASS</b><br>434 | <b>GROUP ART UNIT</b><br>3714 | <b>ATTORNEY DOCKET<br/>NO.</b><br>JL-03CVAC0001 |
|------------------------------------|---|---------------------|-------------------------------|---|

## APPLICANTS

Carl E. Linton, Temecula, CA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\*  
12/04/2003

|   |                                   |                                |                               |                                    |
|---|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR<br/>COUNTRY</b><br>CA | <b>SHEETS<br/>DRAWING</b><br>5 | <b>TOTAL<br/>CLAIMS</b><br>39 | <b>INDEPENDENT<br/>CLAIMS</b><br>5 |
| 35 USC 119 (a-d) conditions<br>met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                                   |                                |                               |                                    |
| Verified and<br>Acknowledged  | Examiner's Signature              | Initials                       |                               |                                    |

## ADDRESS

Carl E Linton  
44507 L A Paz Road  
Temecula, CA92592

## TITLE

Method and apparatus for cyclic variations in altitude conditioning

|                                       |   |  |
|---------------------------------------|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>630 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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